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NEW MEXICO OIL CONSERVATION COM. SION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

Form C-104
Supersedes OIL C-104 and C-110
Effective 1-1-65

MAR 21 1977

I. Operator ☒ Petroleum Corporation of Texas **O. C. C.**
Address **ARTESIA, OFFICE**
Box 911, Breckenridge, Texas 76024
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|--|-----------|
| Lease Name Jenkins "B" Federal | Well No. 6 | Pool Name, Including Formation Grayburg Jackson | Kind of Lease State, Federal or Fee Federal | Lease No. |
| Location Unit Letter <u>C</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>20</u> Township <u>17S</u> Range <u>30E</u> , N.M.P.M., <u>Eddy</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|------------|-------------|-------------|-----------------------------------|--------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipe Line Company | Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 79701 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Oil Company | Address (Give address to which approved copy of this form is to be sent) Box 2197, Houston, Texas 77001 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit E | Sec. 20 | Twp. 17S | Pge. 30E | Is gas actually connected? Yes | When 3/77 |

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

| | | | | | | | | |
|--|--|---------------|--|----------------------------|------------------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded 12/27/76 | Date Compl. Ready to Prod. 2/10/77 | | Total Depth 3702' | | P.B.T.D. 3695' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3639' GR | Name of Producing Formation Jackson G-SF | | Top Oil/Gas Pay 3152' | | Tubing Depth 3202' | | | |
| Perforations 3590-3655, 3370-3490, 3085-3240', 2500-2630' | | 092500 - 3652 | | Depth Casing Shoe 3698' | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 11" | 8-5/8" 22# | | 518' | | 125 sx. RGC 165 sx CL C | | | |
| 7-7/8" | 4-1/2" 10.5# | | 3698' | | 675 sx. CL H, 10# sand, | | | |
| 7-7/8" | 2-3/8" | | 3202' | | 5# salt, 3/10 of 1% CFR 2/sk | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

| | | | |
|--|-------------------------|--|-----------------|
| Date First New Oil Run To Tanks 2/16/77 | Date of Test 3/10/77 | Producing Method (Flow, pump, gas lift, etc.) Pumping - 1 1/2" Insert | |
| Length of Test 24 Hrs. | Tubing Pressure | Casing Pressure 35# | Choke Size |
| Actual Prod. During Test | Oil - Bbls. 40.7 | Water - Bbls. 60.89 | Gas - MCF 16 |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Mary B. Taylor
(Signature)

Production Clerk

(Title)

March 17, 1977

(Date)

OIL CONSERVATION COMMISSION

MAR 22 1977

APPROVED _____, 19____

BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.